-		
ARIZ ARIZ	ZONA STATE BOARD	OF HEALTH
- vivi	VITAL STATISTICS	State Index No. 141
	RTIFICATE OF BIRTH	Co. Registrar No. 702
	•	Local Registrar No 22
	•	
	pital or institution, give its NAI	St
Echild Everyor Maryor	y Gray	If child is not yet named, make supplemental report, as directed
.To be answered 14. Twin, triplet or other	6. Legiti- mate? Of birth	Och 14/22 (Month, day, year)
FATHER 0	14. / Mc	OTHER
ginal Gray	Full maiden Bessi	Samulino
e of abode) 2, give place and State Vayden	15. Residence (Usual place of abode) If nonresident, give place a	and statistics
wh 11. Age at last birthday 27 (Years)	16. Color of full 17. A	ge at last birthday 7 (Years)
ity or place) ongland	18. Birthplace (city or place) (State or country)	newmexico
Justry Carpenter	19. Occupation Nature of Industry	vurewise
nildren of this mother me of birth of child Here-including this child.) (a) Born alive and now	living 3(b) Born alive but n	ow dead (c) Stillborn
CERTIFICATE OF ATTENDING	G PHYSICIAN OR MIL	OWIFE.
ify that I attended the birth of this child, who	washotu alive at 3 (Born alive or stillborn)	m. on the date above stated.
was no attending physician in the father, householder, ke this return. A stillborn hat neither breathes nor vidence of life after birth. Address.	ih N WU	island
ided from	let 15 19th	127 Justo
(Month, day, year)	LATTER B	Local Registrar.
Registrar.	<u> </u>	County Registrar.
5/8/24	- ar ar	